Political Organization Notice of Section 527 Status

OMB No. 1545-1693

(July 2000)

Department of the Treasury Internal Revenue Service

Part I General Information

Name of organization LEGISLATIVE INTEREST	COMMITTEE ILLINO	S PODIATRISTS	Employer identification number
Mailing address (P.O. Box or number 53 WEST JACKSON BLVD,	r, street, and room or suite nun	nber)	TATRIC MED ASSN)
City or town, state, and ZIP code CHICAGO, IL 60604	SULTE 1102/1103	(C/O ILLINOIS FOR	TATRIC MED. ADON.
E-mail address of organization			
C/O IPMA.MSF@WORLDNET		tout	
	O REGISTERED 53	lian's address WEST JACKSON BLVD	. SUITE 1102/1103
MARY S. FEELEY AGE EXECUTIVE DIRECTOR	MI M. DIVE	CAGO, IL 60604	
Name of contact person		t person's address	E
DONALD R. HUGAR, DPM		4 N. HARLEM AVENU	
TREASURER	Į.	WOOD PARK, IL 60	
Business address of organization (if	different from mailing address s	shown above). Number, street, a	and room of sure number
City or town, state, and ZIP code			
art II Purpose			
Describe the purpose of the organiza			
TO PROMOTE AND TO FUR	THER THE INTERSTS	OF THE PUBLIC AN	D.THE PODIATRY PROFESSION
IN MATTERS OF LEGISLA	TION AND ADMINIST	RATIVE REGULATION	S, TO DEVELOP AMONG THE
PUBLIC AND THE PODIAT	RY PROFESSION AN	AWARENESS OF POLI	TICAL ISSUES WHICH RELAT
			DIG HEALTH INDODMATION
TO PUBLIC HEALTH AND	WELFARE, AND TO D	DISSEMINATE PODLAT	RIC HEALTH INFORMATION
TO THE PUBLIC.			
art III List of All Related En	tities (see instructions)		
Name of related entity	8b Relationship	8c Address	
ILLINOIS PODIATRIC		53 WEST JACKSON	BLVD., SUITE 1102/1103
MEDICAL ASSOCIATION	COMMON MEMBER-		604
	Dill	011201100, 211	
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r Panerwork Reduction Act Notice, see page 4.		Cat. No. 30405V	Form 8871 (7-2000)

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7/25/10	Revenue Code, and that I have e it is true, correct, and complete.	lare that the organization named examined this notice, including a	In Part I is to be treated as an organization described in section 527 of the Indecompanying schedules and statements, and to the best of my knowledge and

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DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201 DATE OF THIS NOTICE: 12-09-1998
NUMBER OF THIS NOTICE: CP 576 A
EMPLOYER IDENTIFICATION NUMBER: 91-1938573
FORM: 2758
2916820268 0

FOR ASSISTANCE CALL US AT: 1-800-829-1040

LEGISLATIVE INTEREST COMMITTEE OF ILLINOIS PODIATRIS 1614 N HARLEM AVE ELMWOOD PARK IL 60707

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

As we were processing your Form 2758 for tax period 061998, we found that your form didn't have a valid amployer identification number (EIN). Our records show no CIN assigned to this business. Since an EIN is required by law, we assigned you EIN 91~1938573. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every texpayor must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority pertners, the tax year of the principal owners, or a calendar year, in that order, pertners, the tax year of the principal owners, or a calendar year. A personal unless you establish a business purpose for using a different tax year, unless you establish a service corporation must use a calendar year as its tax year, unless you establish a service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see business purpose for using a different tax year. For further information, see publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom port of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

Keep this part for your records.

CP 576 A (Rev. 7-97)

Return this part with your Form \$5-4, Application for Employer Identification Number. Please correct ony errors in your name or address.

CP 576 A

2916820266

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 12-09-1998

EMPLOYER IDENTIFICATION NUMBER: 91-1938573
FORM: 2758

INTERNAL REVENUE SERVICE OGDEN UT 84201

LEGISLATIVE INTEREST COMMITTEE OF ILLINOIS PODIAIRIS 1614 N HARLEM AVE ELMWOOD PARK IL 60707